IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Karidis, et al.

Title:

SYSTEM AND METHOD FOR

PROVIDING HEATING, VENTILATION AND AIR

CONDITIONING

Appl. No.:

Filing Date:

April 2, 2004

Examiner:

Art Unit:

CERTIFICATE OF EXPRESS MAILING
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.

EV 431601315 US 4/2/04
(Express Mail Label Number) (Date of Deposit)

Carolyn Simpson

(Printed Name)

UTILITY PATENT APPLICATION TRANSMITTAL

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

George P. Karidis 33956 Glouster Circle Farmington Hills, MI 48331

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Enclosed are:

- [X] Specification, Claim(s), and Abstract (23 pages).
- [X] Formal drawings (5 sheets, Figures 1,2,3,4,5,6,7,8).
- [X] Declaration and Power of Attorney (4 pages).
- [X] Assignment of the invention to SmithGroup, Inc..
- [X] Assignment Recordation Cover Sheet.
- [X] Check in the amount of \$40.00 for Assignment recordation.
- [X] Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as Filed		Included in		Extra Claims		Rate		Fee Totals
			Basic Fee						
Basic Fee							\$770.00	=	\$770.00
Total	20	-	20	= ()	X	\$18.00	=	\$0.00
Claims:									
Independents	3	-	3	= ()	X	\$86.00	=	\$0.00
:									
If any Multiple Dependent Claim(s) present: + \$290.00							=	\$0.00	
							SUBTOTAL:	=	\$770.00
[]	[] Small Entity Fees Apply (subtract ½ of above							=	\$0.00
- -			·		T	ATC	L FILING FEE:	=	\$770.00

- [X] A check in the amount of \$770.00 to cover the filing fee is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise

improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

 $D_{\text{ate}} = 4/02/04$

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Respectfully submitted,

By

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